



Personal Training/Medical Forms

1. Medical Waiver/ Rules & Regulations

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

2. Medical Forms Personal Trainer- Medical Clearance

Medical History Questionnaire

Important factors to consider before undertaking any type of exercise program are as follows:

Are you on any medications? (Please list) _____

Do you smoke? ___ Yes ___ No

Do you have any physical problems that are of concern to you? _____

Do you have any of the following:

Chest Pain? ___ Yes ___ No

Rheumatic Fever? ___ Yes ___ No

Coronary Heart Disease? ___ Yes ___ No

High Cholesterol? ___ Yes ___ No

Irregular Heartbeats? ___ Yes ___ No

Respiratory Problems? ___ Yes ___ No

High Blood Pressure? ___ Yes ___ No

Shortness of Breath? ___ Yes ___ No

Family History of Heart Disease? ___ Yes ___ No

Chronic Cough? ___ Yes ___ No

Diabetes? ___ Yes ___ No

Obesity? ___ Yes ___ No

Dizziness/loss of consciousness? ___ Yes ___ No

Arthritis? ___ Yes ___ No

Seizures or Convulsions? ___ Yes ___ No

Bone, joint, or muscle injury? ___ Yes ___ No

Severe Headaches? ___ Yes ___ No

Low Back Pain? ___ Yes ___ No

Surgery (s)? - What, when, why, how many? _____

What does your physician recommend? _____

***CONSULT YOUR PHYSICIAN BEFORE BEGINNING IN ANY EXERCISE PROGRAM**

Waiver and Release

I (the client) _____ agree that if I engage in any physical exercise, class, or activity, I do so at my own risk. I agree that I am voluntarily participating in activities and assume all risk of injury or illness. I agree to release and discharge (my trainer) _____ from any and all claims or causes of action (known or unknown) arising out of my negligence. I acknowledge that I have carefully read this waiver and Release and fully understand that it is a release of liability. I am waiving any right that I may have to bring a legal action to assert a claim against my trainer for his/her negligence.

Client's Signature: _____

Date: _____

Rules and Regulations for Personal Training Sessions

The expiration policy requires completion of an average of one session per week from the date of purchase.

You may reschedule a workout session one day (24 hours) before the scheduled session without a penalty. Within that time you must pay for that session unless arrangements have been made with the trainer.

A member arriving late will only receive the remaining scheduled time for their session. A "no show" will be charged for the session.

No refunds, unless the trainer cannot continue the session.

Client's Signature: _____

Date: _____